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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/412,539	<b>FILING DATE</b> 10/04/1999 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1611	<b>ATTORNEY DOCKET NO.</b> 0044317U3
<b>APPLICANTS</b> LOUIS S. KUCERA, PFAFFTOWN, NC ; SUSAN L. MORRIS-NATSCHKE, APEX, NC ; KHALID S. ISHAQ, CHAPEL HILL, NC ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/793,470 05/02/1997 PAT 5,962,437 WHICH IS A 371 OF PCT/US95/10111 08/07/1995 which is a CON of 08/314,901 09/29/94 ABN which is a CIP of 08/297,416 08/29/94 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/28/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Brenda Calmon</i> BC Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 63 <b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> 000570				
<b>TITLE</b> LIPID ANALOGS FOR TREATING VIRAL INFECTIONS				
<b>FILING FEE RECEIVED</b> 2158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	